

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044883

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10584

STATE FILE NUMBER

FILED NOV 19 1962

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. LouisLength of stay in 1b  
DOAc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION City HospitalInside Limits  
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
4320 McCauslandReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

GLADYS

Middle

E

Last

SKINNER

## 4. DATE OF DEATH

Month November

Day

4

Year

1962

## 5. SEX

female

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4/30/1909

## 9. AGE (last birthday)

53

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

telephone operator

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Roswell Skinner

## 13b. MOTHER'S MAIDEN NAME

Mildred D'Oench

## 14. NAME OF HUSBAND OR WIFE

none

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Mildred Skinner 4320 McCausland

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (a)

Suffocation by hanging. suffered when  
deceased hanged self in home on November 4, 1962.

While suffering mental aberration.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Suicide

974x

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☒ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF  
INJURYHour  
a.m. 11-4-62  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

Home

## 20f. CITY, TOWN, OR LOCATION

St Louis, Mo

## COUNTY

## STATE

## 21. I attended the deceased from

to

and last saw her  
him alive on

## Death occurred at

230 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Deputy  
Coroner

## 22b. ADDRESS

1300 Clark

## 22c. DATE SIGNED

11/5/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

removal

## 23b. DATE

11/7/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

John L Ziegenhein &amp; Sons 7027 Gravois

## 25. DATE RECD. BY LOCAL REG.

NOV 5 1962

## 26. REGISTRAR'S SIGNATURE

Roal Smith. M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

2 203

3

4 1

5 0

6

7 0

8 1

9

10

11

12 72-3

13

91

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.